DATE:	12-15-0	<u> </u>			
TO:	Tssue for	QQ_			
FROM:	Office of Initial Par	tent Examinat	ion		
SUBJECT:	Fee Due \$15				
APPLICAT	TION NUMBER:	09/644,	¥84		
Office for the authorization	for the attached doc ne following reason. n to charge a deposit ppropriate fee. If an iency.	Please check t account. If a	the application authorization	on for the ap	opropriate t. nlease
A Insuffici	ent fee by check				
☐ Insufficie	ent funds in deposit a	account			
□ Declined	credit card	·			
□ Non author	orization for charge	to deposit acc	ount		
□ No fee sul	bmitted per requiren	nent ²			
THE O	. 0 - 1	,	•		
	ee code: 250/		amount	\$ <u>`ナ</u> と)ව
The suspende	d fee code: 197		amount	-\$_6	85
Fee Due			amount	=\$	5-
If you have an Eleanor Kurtz	y questions, please c at 703-308-3642.	ontact Cynthi	a Streater at 7	03-306-543	00 or
Terminal Opera	ator	EA			